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ABSTRACT

The second of a two-part radio program on children in mental institutions presents transcripts of interviews with psychiatrists and emotionally disturbed adolescents. Subjects addressed include use of drugs, behavior modification, music, and theatre therapy in institutions. The transcript concludes with a narrated tour of Sheppard-Pratt, an institution near Baltimore. (CL)

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Program No. 131: "KIDS IN MENTAL INSTITUTIONS"
PART II
July 31, 1978

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LISTEN:
let your ear keep an eye on the schools!

Options in Education
TRANSCRIPT:

Program No. 131: "KIDS IN MENTAL INSTITUTIONS"
PART II
July 31, 1978

A co-production of
National Public Radio & the
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KIDS IN MENTAL INSTITUTIONS
Part II

MARY: This song I wrote one day when I was trying to clean up my act. It starts off kind of like this:

Sometimes I feel so down at heart
I feel like I might fall apart
But then these words come back to me
Just take your time and you'll be free.

No matter how hard I seem to try
I've caught myself in every lie
Pretending I didn't care, you see
If I take my time I'll soon be free.

I'll take my time, I'll search my heart
I'll try hard not to fall apart
I'll put myself together, you see
And that's the day that I'll be free.

* * *

MERROW: Her name is Mary, and she's not free. She's confined in a state mental hospital for adolescents.

REINHARDT: Mary is one of 70,000 American children now in mental institutions.

MERROW: She's 19, but there are children as young as one or two years old in mental institutions of one kind or another. I'm John Merrow.

REINHARDT: I'm Barbara Reinhardt. And this week on OPTIONS IN EDUCATION, we continue our look at children in mental institutions. Last week, young kids; this week, adolescents.

MERROW: Seven million American children, young kids and adolescents, are in need of mental health care of some kind. But only one percent, 70,000, are institutionalized.

REINHARDT: What are children's mental institutions like? Well, that depends which one you go to. Some emphasize talking things out; others rely on drugs.

DRUGS IN MENTAL INSTITUTIONS

SANDERS: The kinds of medication we use are primarly anti-psychotic medications. We also use anti-depression medications. We sometimes use psychostimulants for minimal brain dysfunction. We use Thorazine, Mellaril, Prolaxin, Stellazine, Haldol, Navane, Mobane, Loxatane, primarly those, I would say.

REINHARDT: Dr. William Sanders, a staff psychiatrist in the adolescent unit of the Texas State Mental Hospital in Austin. That unit has 52 beds, and it's usually full. The average stay there is less than two months, well below the national average for young people in mental institutions. Doctors there, including Sanders, say that psychotropic medication makes faster treatment possible.

SANDERS: To treat the severity of mental illness that we treat here, psychotic, organic brain syndromes, schizophrenia, psychotic depression, and manic depressive psychoses, you have to have medication. It's absolutely necessary.

MERROW: You resent the impression that you people are medication-happy, that you're drugging up people, leaving them doped up all day long?

SANDERS: Sure, we resent it. But I think that it's just due to lack of good press. We just haven't had -- there have been so many things wrong with treating mentally ill in the past that it's much more stylish to attack

something than it is to find something good about it.

REINHARDT: Dr. William Sanders, staff psychiatrist at the adolescent unit of the Texas State Mental Hospital in Austin.

THE ANNEX

TEACHER: Okay, we're going to go down on one...

MERROW: The adolescent unit in Austin is divided into three sections: one for girls, one for boys, and a third unit called the Annex. There the most severe cases, of both sexes, are kept. The kids in the Annex are heavily medicated. When I was there, there were eleven or twelve teenagers, all with glazed eyes, and many with vacant smiles. They moved slowly and lethargically, despite the efforts of the staff worker to get them to do some exercises.

TEACHER & CLASS: Six, two three four; seven, two, three; eight, two, three, four; nine, two, three, four; ten, two, three, four; eleven, two, three, four; twelve, two, three, four.

TEACHER: Okay, now, I want you to get way down like this. ... It might get you real dizzy, but you've got to get used to that kind of thing. You've got to get used to moving your body around. Okay, let's do about five more. One, two, three, four; two, two, three, four...

TIPTON: I'm Dr. George Tipton. I'm the Director of the Adolescent Unit, Austin State Hospital. When everything else has failed, then they can wind up here. There's not anybody we don't accept.

MERROW: As I walked around, probably half the kids I saw were sleeping or just lying down flat out. That's a response to medication?

TIPTON: The ones on the Annex are very often sleepy, because the way we use anti-psychotic drugs is large doses early, and then taper off as they become more functional, and then discharge them on the least amount possible. But to say that we don't use large amounts of drugs early on if they're very disturbed and agitated would be incorrect. We use lots of medicine.

MERROW: In the boys wing and the girls wing -- the same thing. I saw an awful lot of kids sleeping or trying to sleep .

TIPTON: Well, now some of that on the boys and girls side is more apathy than drugs. Generally, when they get over on the open side, they're on a lot less medication. On the Annex, they're on, really, large amounts.

MERROW: You haven't mentioned electro-shock as a means of therapy.

TIPTON: I guess two percent of the cases here get electric shock treatments.

MERROW: Why? When is that called for?

TIPTON: There are two different categories of adolescents that we give shocks to. One in which we feel their very life is at stake. Example: they're going to kill theirselves before eight in the morning. Also cases that we get who have not eaten or had anything to drink for some number of days and are very, very ill due to their lack of fluid intake, who also rip out their IVs or pull out their stomach tubes if you try to feed them by any other route. There are side effects of ECT. You get a memory loss, one that's clinically evident for a couple of weeks after the last ECT. We've got a six-month follow-up on our ECTs. There's measurable memory loss up to a couple of months after the ECT. Now, we haven't been picking up much memory loss at our six-month follow-ups, but certainly there are side effects. And just like with any other sort of treatment, there are risks involved.

But when you're using a treatment that you know that you're running some risks for the patient, that there are some side effects, and that the results are 50 percent or less, you approach the treatment with some

considerable reluctance.

MERROW: One of the things I was told about this hospital is that it's not as reluctant to use electro-shock because it takes such a long time to figure out which drugs to use, which drugs a patient will respond to, that you all are more likely to use electro-shock because you want to do something right away.

TIPTON: Well, now that's true in part. If we have an adolescent in here who -- and we get real disturbed, sick adolescents -- if there is a chance that time is going to run out on us, and I mean the physical health of the patient is maybe permanently damaged, I don't have any reluctance at all.

REINHARDT: Dr. George Tipton, the head of the adolescent unit of the Texas State Mental Hospital in Austin.

MERROW: He told me that only two percent of the adolescents receive electro-shock treatment. Ninety percent of the patients are on psychotropic medicines like Thorazine.

REINHARDT: And about one third of them are recidivists, that is, they're back in again for the second, third or fourth time. That group includes Roy, who is eighteen and institutionalized for the second time.

ROY

MERROW: I woke you up to talk to you, and you yawned a couple of times. Is that the medicine?

ROY: Yeah, it's caused by the medication I'm taking; 800 mg of Thorazine twice a day to calm me down. You ought to see me when I ain't on the medication. You wouldn't want to be around me. (laughs)

MERROW: What are you like?

ROY: I'm real nervous. I shake real bad. Shake real bad when I ain't on the medication. You should have seen me when I first came to this place; I was a mess. I was seeing things and hearing things, and all this stuff. I tried to put my hand through a couple of walls. I finally broke my hand the second time I hit it. And I was really a mess.

MERROW: You were seeing things and hearing things.

ROY: Yeah, I was seeing things and hearing things. That's one of the reasons I got put in this place.

MERROW: What were you seeing and what were you hearing?

ROY: Oh, voices, and seeing weird objects on the walls and stuff. Kinda scared me. Last time I saw something it was about a couple months ago. It really messed me up; it really scared me pretty bad.

MERROW: You heard voices too?

ROY: Yeah. The voices don't scare me; just only the things I see. Voices didn't scare me. Made me a little bit nervous, that's just about it.

MERROW: What did you see? What kinds of things did you see?

ROY: Oh, weird objects. Looks like they don't have much of a form to them. Kind of like a cloud. And I seen colors in them. It's really weird and kinda scares me.

MERROW: Did you ever try and paint them.

ROY: No. (laughs)

MERROW: Maybe you could make a living out of it. You see a strange object, you paint a picture of it, sell the picture.

ROY: I used to be pretty good in drawing, but I haven't drawed in a long t.. e.

MERROW: Are you in the theatre group?

ROY: Yeah.

MERROW: What do you do in that?

ROY: Um, try to make up plays and stuff. Things really stupid. (laughs)

MERROW: Do you like to pretend to be someone else. That seems to be what they l .

ROY: Yeah. That's exactly what they do. They play and try to be somebody el se. And I guess it's all right.

MERROW: If you could be somebody else, who would you want to be?

ROY: Um, I don't know. Mr. America. Do you know who Mr. America is? He's the strongest man in the world. That's why he's called Mr. America. He's got arms as big around as your waist. (laughs)

MERROW: That's what you'd like to be?

ROY: Yeah, he's strong. That's who plays Hulk -- Mr. America. Hulk, on TV? He turns into a big old guy -- is he a doctor. Maybe you never watched it. It's about this guy; he made this energy that will make you stronger when you get mad. And every time he gets mad, he gets built up real big and strong and all this stuff. It's crazy.(laughs)

MERROW: Good show?

ROY: Yeah, pretty good show. It's called the Hulk. He's big and green. (laughs)

MERROW: When you get out of here, you'll still be on medication, I guess. You'll have to take medicine every day?

ROY: Yeah, I will, more likely yes. I don't know. I haven't asked the doctor; maybe I won't have to. I did last time and I quit taking it.

MERROW: Now you say "last time." Tell me about that.

ROY: (yawns) Last time I was in one of these places, I was -- I guess three months is the longest I can in this one.

MERROW: They had you on the medication, but you quit it.

ROY: Yeah, yeah, I quit it. That's how I ended up in here again. Then all the medication, I got fouled up again.

MERROW: So this time you think you'll stay on the medication?

ROY: Yeah, I will. And I'll see if I can get me another job and get out of here. They're trying to find a job for me now.

MERROW: When you tried to kill yourself, what were you thinking about? Why?

ROY: I thought I couldn't make it in this world. I thought I wouldn't be able to make it on my own. (yawns) I feel better about it now, since I thought it over. I think it will be the last time I try to do anything like that.

MERROW: Suppose you get out and you get a job, and then you lose your job and you can't make a payment on your motorcycle and so you lose your motorcycle. Would you try to kill yourself again?

ROY: No, I think not. No. That's just about the same situation I was in last time -- close to it. I lost my job and I lost the place where I was living at. And I (yawns) was trying to find a job in another town, and that didn't help much. I was working in a spot labor office, where you could go work for one day and get paid for the same day. That didn't work out too well; it's at least enough to feed you for the day, two days, something like that. That wasn't much. (laughs) Couldn't get a steady job where I could save me some money. How long will you keep talking? (laughs)

MERROW: Ready to stop?

ROY: Yeah, I think I am.

MERROW: Okay, thanks a lot.

ROY: Okay. I mean, I didn't tell you the whole story. Um, when I was nine years old, my stepdad and my mom met each other and, well they used to knock me around all the time, my stepdad. And he would knock me around if I'd done something wrong. And one day when I was fourteen, I decided I was big enough to beat him around.

MERROW: You left out a detail. One is that you were wetting your bed and he was trying to make you stop by punching you.

ROY: And he wasn't a very nice guy, either.

MERROW: And he put you in a home too?

ROY: Yeah, I used a baseball bat on him.

MERROW: This is when you were fourteen, you fought back.

ROY: Uh-huh. That's when I was fourteen, yeah.

MERROW: And he put you in a juvenile home?

ROY: Yeah, I was in one of those for six months. And believe me, it wasn't no fun. They used billy clubs instead of rifles. And believe me, I got knocked out quite a few times.

MERROW: Where was that?

ROY: Well, it was down in Texas, farther down south. It was kind of like, I don't know, kind of like a jail for kids. Kind of like a jail for kids. Believe me, you learn how to fight real quick or you get in trouble. And I learned how to fight. I had to, or I would get in trouble myself; and my mom and my stepdad got a divorce. And my mom got me out of that place. (yawns) And things started looking up. My mom's the only parent I got left. My real dad -- he's dead. He died over in Vietnam. He got shot in the head. He got killed over there. I just want to get out of this place. I want to make something out of my life for once. See if I can get me a decent job for once. Don't drink so much. I like to drink screwdrivers. (laughs) That's what we call them, I'm a screwdriver drinker. (laughs) I like to drink those.

I smoke, and I'm 18. Can't read, can't read or write.

MERROW: Not at all.

ROY: No, I can't read or write at all.

MERROW: How about those words up there on the board. Can you read any of those?

ROY: No. Just too hard for me. Really, I can't read those.

MERROW: There's a word up there. Can you read that one?

ROY: B-E?

MERROW: Yeah, what does that say?

ROY: Be?

MERROW: That right. How about the word that comes before it, T-O.

ROY: T-O? To? I think it's "to." Yeah. (laughs)

MERROW: How about the word that comes before that, H-O-W?

ROY: Tah?

MERROW: No, it's "h."

ROY: Who? I don't know, I can't really do it right. I ain't much in reading.

MERROW: How about O-W? O-W is what you say when somebody punches you.

ROY: Ow. (laughs)

MERROW: So, put the "h" in front of it. What have you got?

ROY: Um, how? How.

MERROW: Yeah. You could read those three words in a row. Go ahead.

ROY: Uh, "How to be."

MERROW: Are you working on your reading now?

ROY: A little bit, yeah, not as much as -- I'm taking regular classes, kind of like special ed, but a little harder than special ed.

MERROW: When you go for a job, what are you going to do when they ask you to fill out a form?

ROY: I tell them, "I'm sorry; you're going to have to help me fill it out." I'd have to do that a lot. (yawns) I don't know. I'm kind of sleepy now from medication. They really got me doped up. The last time, they had to change my medicine because I was getting bad side effects from it. And it was causing my eyes to blow up and, grow up, and I couldn't control it. My neck muscles -- I couldn't control it either. I had my head straight up like that, I couldn't move it. And they changed my medicine, and then I opened my mouth and threatened to kill myself and got sent over there again for three or four weeks. That's when I got in the 'collusion room. I hit the 'collusion room door and broke my hand.

MERROW: What's the "'collusion" room?

ROY: Well, if you blow up or get in trouble, if you don't calm down, they stick you in the 'collusion room. And believe me, it's no way of getting out of there. It's kind of like a 'collusion room to make a person calm down, wait for him to calm down.

MERROW: It's like isolation.

ROY: Yeah, isolation, yeah. When he calms down, then they let him out. But a lot of them gets carried over there.

MERROW: How long do they keep you in there?

ROY: Maybe for the night, and let you out the next morning.

MERROW: That's the room that has that mirror where they can look in and see all the corners of the room.

ROY: Yeah. And believe me, they've got this little glass thing in there. It's plexiglass. You know what plexiglass is? Believe me, that's impossible to break. Found that out! (laughs)

MERROW: Is that how you broke your hand?

ROY: Yeah, I broke it on the door.

MERROW: That also has that special screen so you can't get to the glass to break out.

ROY: Yeah, I know.

MERROW: And all it has is one bed and a blanket, and that's all.

ROY: Yeah; that's all it has.

MERROW: So you can't hurt yourself.

ROY: Yeah.

MERROW: What clothes do you wear when they put you in there?

ROY: They take your boots and your belt away from you, your shoes. And, some of them, you have to take all of their clothes away from them. Like me -- tried to choke myself on my socks. All I'd done was passed out. That's all I'd done. They had to carry me in there. I had to get three shots before it calmed me down. Believe me, those shots hurt. 'Specially if you're real tense and you tighten up real bad. And when you get those shots, it hurts.

MERROW: How many times have you been in there, Roy?

ROY: Uh, I think three times. Three times. This place really gets to me sometimes. Really does.

MERROW: If you weren't here though, you might be dead.

ROY: Yeah, it's true. Sometimes I still feel bad about it, but I don't tell the doctors about it, because I don't want to get sent back to the Annex. And my mom can't get me any money, so I can't have no cigarettes. (laughs) And she can't afford to give me any money anyway; she's doing pretty bad herself.

MERROW: Well if I smoked cigarettes I'd give you one, but I dont' smoke.

ROY: (laughs) Yeah, yeah. Sometimes I ain't too sure what I'm going to do. This place is a rat house. I mean it's constantly, noise. Gets to somebody once in a while. Just want to keep real quiet. This place gets to me sometimes. (laughs) I ain't going to try to kill myself any more. I think I can make it.

MERROW: Want to shake on that?

ROY: Yes. (laughs)

MERROW: Okay.

ROY: I guess that's all I can say now. Bye.

ROY'S DOCTOR

DOCTOR: Roy came to us about two months ago. He had been living in parks and being basically itinerate for several years, at least two or three years. He described his activity as working whenever he could, day labor. He would sleep in parks, eat whatever he could scrounge up.

MERROW: Living a little bit like an animal.

DOCTOR: Very much like an animal, with no way to really care for himself, no personal possessions except for the clothes on his back.

MERROW: He can't read or write.

DOCTOR: No. He told us that he had been hearing voices since he was about eight years old. He has a mother who's mentally ill and a very unstable

chaotic family situation. And, due to apparent heckling by his father, brother-in-law, and other family members, he had left the family and gone out on his own. Now, Roy had somehow remained pretty close to his mother, and had some real feelings for his mother, and kept up with her whereabouts. She's moved around some and left Roy really wondering where she is and kept him pretty stirred up about this -- not on purpose, but he has remained that way. At any rate, he was picked up by the police. I'm not sure what the charge was, but he attempted to kill himself in the jail, and was committed to the Austin State Hospital. He has been very cooperative here on the ward. He has not shown any gross signs of uncontrollable psychosis. He does admit to hallucinations which were present before the medication was started.

MERROW: What's the future hold for a boy like Roy? He's illiterate. He can't read; he can't write. He'd have trouble getting a job, can't even fill out a job application.

DOCTOR: There are only a very few alternatives left for him. One is long-term remedial education. And, with his learning deficits, this is going to be rather non-productive. I think that if he were to have some kind of vocational training, this would be his best chance for success. That is, if he could learn a trade such working with plants in a greenhouse, or maybe janitorial work -- which he likes -- and really learn how to do this well, and learn how to fill out a job application, that he would be able to make his way in the world.

REINHARDT: Dr. William Sanders, Roy's psychiatrist at the Texas State Mental Hospital in Austin.

MERROW: Psychotherapy, psychotropic medication, and electroshock aren't the only treatments available. Every patient has an individual plan, and all patients undergo what's called "behavior modification."

REINHARDT: Which means clear rules, rewards for following those rules, and punishments when you disobey.

"B-MOD"

CALLOWAY: Starting out with blue, which means no privileges; this is the color they're on when they first come into the hospital. After a few days, they work up to yellow, which means then can go in large groups with one or two attendants to sports activities, out on the grounds, and whatnot. On up to conditional red, which means that they can go out for fifteen minutes by themselves to the canteen or other places on the grounds, even to go make a telephone call or to get a Coke out of the Coke machine. Ultimately, they get on green, which means they can get weekend passes. They can go on down to the picture show by themselves, do most any of the fun things that they want to do, and must be on full green by the time they get ready to go home.

REINHARDT: Lee Calloway works on the adolescent unit at the Texas State Mental Hospital in Austin.

MERROW: State mental institutions are often the end of the line, the place kids go when they can't afford anything better. At the other extreme, the private psychiatric hospital. It can cost up to $300 a day.

REINHARDT: At the best of these private places, they'll be no electro-shock and only small doses of medication, but you will find the same behavior modification techniques.

"B-MOD" AT PRIVATE HOSPITALS

CHILD: This right here is a point chart. See like, certain things you get certain points for, like in the morning, you get wake-up and you get two points for it. And then you have to clean up your room; you get four points for that. And set table a.m. and p.m.; you get one point for that; and then good manners during the table -- you have to eat like a green thing for every dinner. And you have to eat everything that's on your plate to get your good manners points. And after that, you have to clean the table, and then you get one point for that. And then we have something called -- it's called group meeting, where every day you discuss the problems, and things that you want to discuss that's been happening during the day. And you start off with

four points, and the highest you can get is eight.

MERROW: I can't understand these symbols. There are blue stars, there are red stars. Some are crossed out, and then there are little "nos" written in here.

CHILD: The ones that are crossed out are the ones that we've already used. See, we've used these points to buy an activity. See, over here we've got things that we use -- six points for juice, fifteen points for Cokes. If you have fifteen points, then that means you could spend those points on whatever's on this list.

MERROW: It sounds like you all have gotten to know this system pretty well. How many points do you have saved up toward crackers and Cokes and stuff?

CHILD: I have 424.

MERROW: Holy mackerel! What can you use all those for?

CHILD: Anything you want. But see, I'm on kitchen restriction.

MERROW: Oh, you mean you have all these points but you can't go in and get all the food you want. Why are you on kitchen restriction?

CHILD: Because...

CHILD: Tell him the bad part.

CHILD: (laughs) Because I went in there and got some food without paying points, and I just took it in my room.

REINHARDT: Kids at the Sheppard-Pratt Hospital near Baltimore, Maryland. Sheppard-Pratt's an exclusive, private psychiatric hospital, and it costs $170 a day.

MERROW: Behavior modification is a basic approach to treatment in both private and public mental institutions. Critics of "B-Mod," as it's sometimes called, say it creates an "institutional mentality" in patients. They get socialized into doing what the institution wants.

REINHARDT: Its defenders tend to agree. That's the point, they say, to get kids to behave according to the society's standards, to teach them restraint -- self-restraint.

MUSIC AND MENTAL HOSPITALS

KIM: (singing)
...wherever you roam
You'll always be known as a runaway.
On a fifty mile stretch to a very strange place
Just wondering and wandering and looking for a place
To sleep.
Tired of all confusion
Faded memories of long ago
There's suicide down deep inside. . . .

REINHARDT: That patient at Sheppard-Pratt is singing a song she wrote.

MERROW: Music is important to adolescents everywhere, but maybe especially so to adolescent mental patients. In each of the institutions and mental health clinics I've been in over the past few weeks, I found adolescents who wanted, maybe needed, to sing -- sometimes their own songs, sometimes the songs of others.

BOY: Well, mm-mm... I'd like to do this song for you all. It goes like this:

You ain't nothing but a hound-dog
Cryin' all the time.
You ain't nothing but a hound-dog
Cryin' all the time.
Well, you ain't never caught a rabbit
You ain't no friend of mine.
You say you was high class
Well that was just a lie.
You say you was high class
Well that was just a lie.
Well, you ain't never caught a rabbit
You ain't no friend of mine.
You ain't nothing but a hound-dog
Cryin' all the time.
You ain't nothing but a hound-dog
Cryin' all the time.
Well, you ain't never caught a rabbit
One, two, one, two, three, four
You ain't no friend of mine.

(applause)

MARY: I caught you knocking at my cellar door
I love you baby, can I have some more
Oo-oo, the damage done.
I hit the city and I lost my band
I watched the needle take another mend
Gone, gone, the damage done.

I've seen the needle and the damage done
A little part of it in everyone
But every junkie's like the setting sun.

MERROW: You know about that first hand.

MARY: I've shot PCP, angel dust. It's a waste. It blows your mind off, I mean, you're gone. I mean, I've come a long way myself. My face used to be sunken in. All broke out; it's not real clear right now, but it's just kind of covered.

MERROW: You're right now on...

MARY: A natural high.

MERROW: (laughs) That's the best kind.

MARY: I'm on a Stellazine high right now, really.

MERROW: That's the medication your taking.

MARY: Yeah.

MERROW: What kind of reaction does that cause?

MARY: Uh, it's kind of a bad reaction, because I almost OD'd on it one time. I was using them for downers you know, instead of -- well anyway, I had a prescription at home for them, and I almost OD'd on them.

MERROW: Intentionally?

MARY: No, I was taking them just to sleep. They're tranquilizers.

MERROW: You've been in here how many times, Mary?

MARY: Three times.

MERROW: How long has each stay been?

MARY: Long (laughs). Like, I'm on escape precautions, you know,

because I threaten sometimes.

MERROW: I noticed you were on escape precautions. That means people are supposed to keep an extra special eye on you because you're likely to run.

MARY: Run away.
(sings)
Run, run, run, run away.

MERROW: Let's imagine that you could run away right now. Where would you run to?

MARY: Home.

MERROW: Where's home?

MARY: Houston.

MERROW: And you'd run to home. What would they do when you got there?

MARY: Welcome me with open arms. Well see, I've hurt a lot of people. I've hurt my father worse than anybody else in the world. He told me when brought me back to Houston from Alabama -- be careful, because guys were going to try to take advantage of me. And that's not true. I kinda like, I did it myself. I asked for what I got, anyway. I'm so jittery man, I've got the jitters.

MERROW: I notice you're shaking a little. Are you nervous?

MARY: Yes, I am. I got picked up by truckers, you know. And they're not supposed to stop for hitch-hikers. But they will. I don't know, I've hitch-hiked a lot, you know. Like, from one side of town to the other, or from one town to another. Like one time, I was looking for this guy, Skip who's from Florida. I met him while I was working in a bar. I used to be a top-less dancer. Top-less, yeah. But I promised myself I'd never strip. But some of the things I wore when I was working at the "Hip-hugger" were like wearing nothing at all almost. 'Cause like, I wore a T-strip bottom. Know what those are? That's where they come up in the back like this, and there's "T," you know, and the front's well covered.

MERROW: You said you got picked up by a truck driver.

MARY: Uh-huh. I've gotten picked up by more than one truck driver.

MERROW: And?

MARY: They give my lifts to where I want to go. Then I get off and go home, whichever way home is.

MERROW: When guys pick you up, they come on to you, I take it.

MARY: Um...Well, I got -- I was at the Alabama Theatre in Houston. And I was coming home from seeing a movie. And I was fixing to catch the bus, I had my bus money, you know. And the bus was slow. So these guys was standing on the corner hitch-hiking, and I was hitch-hiking with them. Well, these six guys -- six white guys -- rode by in a car, no don't ride with them-- these black guys I was standing with -- "Don't ride them; go with us; go with us." And I would. And I signaled those guys and they turned around and I went and caught up with them. And they let me in the car. There were six guys. One of them was gay. One of them was repulsive. The other one was -- the one I had my eyes on was good.

But he lied to me. You know, like, because they were all trying to get a piece of the action, and I didn't like that, 'cause I just wanted to be with that one guy. And when I said I would go home with him, I didn't expect him to betray me by letting that blond-headed guy that really repulsed me come in. This one particular guy, he was under age. I think he was about 16. I've had guys come calling for me so many times, and I called for so many.

MERROW: Well, what happened in that car, though?

MARY: I got in -- no, it wasn't six guys, it was five guys. Three in the back, two in the front, and me in the middle. And right away, I wanted to get in the back seat with that guy. You know, I'm only human. I'm only natural. And so I moved back there with him, and the first thing he wanted me to do was give him a blow job. And I didn't want to; I didn't want to do it in front of the other guys. So, we stopped at a liquor store, and they went in and bought some liquor, and when they were gone, I went down on this guy. I can't really remember his name right now. It's not really important to me right now. 'Cause that's over with, that's done, that's in the past, and I don't want anything to do with anybody I even know. You know, 'cause like I've got bigger and better ideas, you know.

MERROW: What happened when the other guys came back?

MARY: Well, we all rode home to their hotel room. See, they were in Dallas. They were just staying in Houston for a little while..... My shoulder hurts so bad.

MERROW: All right?

MARY: I think so. You ever hear -- are you familiar with Loggins and Massena, "Full Sail," the album?
(sings)
Summer in our sky ships
Forever sailing the wind

It's higher pitched than that. They sing good.

MERROW: You should finish that story, about going with those guys, so we know how it came out.

MARY: Okay. We got to their hotel room. And he and I went in. And I thought the other guys were going to go some place else. You know, home. So he and I were in there, just he and I alone. And next thing I knew, here in comes blondie. And I said, "No, man, you better fuckin' leave me alone." I screamed it bloody murder, man, I mean I screamed it loud. And the guy that I was with started laughing, saying, "Hey, there's people here; we're going to get in trouble if you don't cool it, man." I said, "Well, I'm telling you, I don't want this son-of-a-bitch bothering me. I don't like him. I don't want nothing to do with him."

So, I had to beg that guy to take me home, the one I was with. And so he finally took me home in his silver Camaro. Or he gave me a lift to the freeway, and I got a ride home. Went back to my mother's house.

MERROW: But you got raped?

MARY: Yeah.

MERROW: By all five guys?

MARY: Um-hm. It was voluntary action, you know. I mean, I volunteered to do everything. Except that one particular guy, that blond-headed guy, made me sick. I couldn't stand him. I mean, like the guy that was supposed to be gay, you know, he's the only one that kissed me the whole night.

MERROW: How old were you when this happened, Mary?

MARY: Eighteen. Maybe nineteen. Nineteen.

MERROW: When you tell the doctors this, what do they say. I mean...

MARY: I don't tell the doctors this. I haven't told the doctors about this.

MERROW: Why not?

MARY: Why don't you just play the recording of Dr. Sanders for me.

MERROW: Why are you telling me?

MARY: 'Cause there's things I just need to get out of my system, you know.

MERROW: Why do you think you do something like that? I'm not trying to be your doctor, but I wonder why -- how you explain it.

MARY: I don't want to explain no more, I just want to go outside or something, man. I want to get away.

MERROW: Okay, let me ask you one other thing. Do you make friends here easily?

MARY: I lose friends here easily too.

MERROW: How about the friends you make? Do you think you'll see them when you get outside?

MARY: I don't care who I see; I just want to be by myself, man -- me and a man. You know?

MERROW: How shall we end this? You want to end with a song?

MARY: Well, let me think of a good one..... Do I have sleep in my eyes?

MERROW: No.

MARY: No!

MERROW: That becomes a habit after a while. You move the microphone back and forth. I don't even think about it. I just do it. I don't talk until after I've turned the microphone on. Why do you ask if you have sleep in your eyes?

MARY: 'Cause I feel like they're watery, I know.

MERROW: Well, for a minute, about two minutes ago, your eyes watered up and you were feeling all kinds of anguish. And you were going to cry. But now you're going to sing.

MARY: (sing)
This is the last song I'll ever sing for you
It's the last time I'll tell you
Just how much I really care
This is the last song --
But I'll sing more later on.
Right now it's time for lunch
And I think I'm gonna be gone.

MARY'S DOCTOR

DOCTOR: Mary is a girl who first came to us about a year ago. At that time, she exhibited symptoms which we thought most closely resembled catatonic schizophrenia. She had rigid posture, delusional though processes. She was delusional in a number of areas, was essentially non-verbal at times. She responded slowly to medication, over a period of about a month, and became more verbal, but was still delusional. And she was sometimes quite hostile, acting out with unpredictable behavior. She had delusions of being pregnant, of seeing visions, hearing voices, carrying on in a very psychotic manner. But at least she was moving, which was an improvement from her previous catatonic condition.

She left the hospital against medical advice, ran away at that time, when she was in fair remission. And we didn't see her again for almost a year. Now, when she came back to us this time, she was somewhat

emaciated, in poor physical health, had lice, had obviously not been taking very good care of her body or her physical condition. She had impetigo, and was, again, somewhat catatonic. But more verbal this time. Her prognosis I think would be pretty good if she were able to gain the insight that she needs to take the medication, number one. And number two, that she needs to abstain from street drugs. If she could do those two things, I think that her prognosis might be pretty good.

MERROW: What about her sexual activity? I have the impression that she's promiscuous.

DOCTOR: I have heard this from her history. I know that she has had some -- she's quite flirtatious with some of the guys back on the ward. I don't have any personal knowledge of her having had sexual activity with anybody around here, while she's here. But it may have happened.

MERROW: She told me she was a top-less dancer at one point.

DOCTOR: She was, but that was a really pitiful story. From the information we could gather, she wasn't being paid. She was being given drinks to get up there. It was -- it sounded as if she were sort of a pet of the management or possibly was being fun of, and was kept there just as an oddity.

THEATRE THERAPY

MERROW: I met Mary in Theatre Therapy Class, where she was playing the role of the sun. Other patients sat on either side of her, with the left side being in the blazing sun; the right side in the cool shade. Patients were to be happy in the shade, but get angry in the sun.

CHILD: Everybody's looking ugly! Everybody's looking mad. Everybody's looking dirty. And everybody's looking mad. Everybody's doing something wrong. And I don't like it at all. Everybody's looking like a fool.

CHILD: How about the birds and the bees?

CHILD: And the birds and the bees are looking just as ugly as everybody else.

CHILD: I'm going to the good side. I don't look like that.

TEACHER: You want to be on the happy side?

CHILD: Yeah.

TEACHER: Now, everything you say over there has to be positive.

CHILD: I'm so glad because of the sun. I needed some fun but I can't have none. Oh...

TEACHER: Very good! Did you just make that up, Bruce?

CHILD: Yeah.

TEACHER: Could you remember that? I think you ought to.

CHILD: If you go down, you'll be good, sun. But we can't be good 'till the sun goes down.

CHILD: All right! Let's get that sun going down.

TEACHER: Well say, Mary, you've got to be in the sky -- how long do you have to be up there?

MARY: I'm up there until 8:30 tonight.

TEACHER: 8:30 tonight. Gee, you've got hours to go.

MARY: Time flies when you're having fun.

REINHARDT: Theatre therapy in the adolescent unit at the Texas State Mental Hospital in Austin. That approach is a popular one. It's apparently effective in getting the patients "outside" themselves, and that's important, because one characteristic of mental illness is self-absorbtion.

MERROW: Theatre therapy is used at Sheppard-Pratt Hospital also. That's the private psychiatric hospital near Baltimore.

* * *

CHILD: I thought me and Jonathon was first. We were. Sit down!

REINHARDT: Those patients are putting on a skit. It's a parody of the TV show, "Let's Make a Deal."

CHILD: Good evening, ladies and gentlemen. And here we are at the "Gong Show." Tonight we'll start it off with "Let's Make a Dope Deal," with Chris, Tom, and Patty. (Applause) Okay, Tom, as you see, we have three doors. Behind one door, there's a fire-breathing dragon. You don't want to get that, Tom, you want to stay away from fire-breathing dragons. Behind another door, there are 15 pounds of Red Columbian. Coffee cans full of reds and yellow-jackets, all of your choice. Three pounds of black hash, two pounds of freshly sprayed DNT flakes. Now Tom, if you get this door...

MERROW: At the end of "Let's Make a Dope Deal," the contestant picks the wrong door and gets busted for illegal drugs.

REINHARDT: Those kids at Sheppard-Pratt Hospital sound different than the ones in the state hospital in Texas.

MERROW: At Sheppard-Pratt, the basic therapeutic approach is talk, not psychotropic medicines. That means the kids stay there six months or longer.

A TOUR OF SHEPPARD-PRATT

CHILD: I think it's either Moses Sheppard or Enoch Pratt -- whichever -- but when they built this place, they wanted every patient to have a window. Because, like in the 1850s this place was really like revolutionary in mental hospitals. There's a good book to read. I think it's over in the patient library. I think it's "The Story of Sheppard-Pratt" by Bliss Forbush. That's a good book.

MERROW: Have you read it?

CHILD: No, not yet. I'm going to read, though.

MERROW: That window. Is that glass? I mean, could a patient break the glass and hurt himself, herself?

CHILD: They replaced all the windows not long ago, 'cause the other ones were just getting plain old. But there's a good, thick screen around all the windows here, and you need a special key to unlock the screens. So not too many patients can go out through the windows.

MERROW: Now, this is co-ed, so that some of these rooms are girls rooms and some are boys.

CHILD: Yeah. Well, right now the hospital has much more boys than they have girls. And on this hall there must be -- gee, I think it must be about 11 or 12 guys on the hall. So, really, it's man-heavy I guess you could say.

MERROW: And 16 in all, so just four or five girls.

CHILD: Yeah...

REINHARDT: Patients in private mental hospitals stay longer, take fewer drugs, and have access to money -- lots of it. Sheppard-Pratt costs $170 a day.

MERROW: Patients stay there at least six months. That would cost over $30,000. How on earth does anyone pay for that?

REINHARDT: Insurance is the answer, if you have a good policy.

MERROW: Let's explore that a little. Suppose you're a high school teacher.

REINHARDT: Well, if you teach in Arlington, Virginia, you pay $15.47 a month for family health coverage. That insurance will pay for thirty days in a mental hospital, but only for thirty days.

MERROW: What then?

REINHARDT: Well, you're on your own for sixty days, they you or your child can be re-admitted and be fully paid for for another 30 days.

MERROW: Suppose you work for the Federal Government. You probably have Blue Cross/Blue Shield, and if you take the high option plan -- that's $53.87 a month -- your child would get full coverage for a year

REINHARDT: But only if the insurance company were fully satisfied that the child had to have in-patient, hospital care.

MERROW: Because of group insurance benefits, Sheppard-Pratt is no longer the exclusive home of the rich, as it once was. There are kids in there today whose parents work for the military or the government or belong to unions with good contracts.

REINHARDT: But it's not that easy to get into Sheppard-Pratt. In fact, it's kind of like applying to college. There's a pre-admission interview with the Director of Admissions, and you have to bring your educational record and psychological reports.

MERROW: Sheppard-Pratt is hard to get into. There's even a waiting list. But it must not be that hard to get out of, because the day I was there, four kids ran away. I talked with a couple of nurses about that.

RUN-AWAYS

NURSE: We just had an elopement and there's a fair amount of excitement about it.

MERROW: Oh, it's an elopement, you say.

NURSE: That's what we refer to it -- as an elopement. A.W.O.L.

MERROW: It's not two kids running off to get married. It's ...

NURSE: No, not that type of elopement, no. (laughs)

MERROW: This is a kid who is A.W.O. Loose, as we used to say.

NURSE: Absolutely, yeah.

MERROW: But actually, today is a hectic day, because there are four kids who have run away today, which I gather is not normal.

NURSE: No, that is a little bit unusual. As I say, at this period of the day, in the summer, when the weather breaks and we have nice weather, the kids get a little ancy, and they want out.

MERROW: And there are no fences and no walls, so if they really want to go it's not that hard to do.

NURSE: Not really, since the door is also open to this unit. So it's quite easy, as a matter of fact.

MERROW: This seems to be a kind of talking therapy, not as much stress on medication. I don't think there's electro-shock therapy.

NURSE: You're correct. We feel here that the greatest tool we have is ourselves. And if one is able to create a relationship with a youngster, because they always want to be pleasing to other people, you can talk about things. We do not like to use mechanical means unless it's absolutely necessary, because once people get out in public or out into their lives after they leave the hospital, they won't always have access to medication or be able to be locked away.

MERROW: Two nurses at Sheppard-Pratt Hospital, a private psychiatric institute near Baltimore, Maryland.

REINHARDT: One of the most serious charges against mental institutions is that they use too much medication. Recently, a county medical examiner in New York State charged that heavy doses of medication led to the deaths of a number of mental patients.

MERROW: Dr. Frederick Zugibe says that many of these patients who died were tranquilized to the point where they couldn't feel pain or detect warning signs from their bodies that something was wrong.

REINHARDT: For example, they might vomit into their lungs, because the nerves that normally prevent that from happening had been deadened by tranquilizers.

MERROW: Over-medication is only one of the accusations that are made pretty regularly about mental health care in this country. Another: Care is distributed unfairly, based on race and social class.

REINHARDT: There is evidence that black children are more likely to be sent to correctional institutions, while white kids go to mental institutions. In fact, black kids are more than twice as likely to be sent to correctional institutions as whites for the same behavior.

MERROW: If you're white, you're found to be sick; if you're black, you're labelled "criminal" or "delinquent.

REINHARDT: On the positive side of the story, there is public pressure, including lawsuits, to make authorities pay more attention to mental health facilities for children. That sometimes means more money too.

MERROW: There's also pressure for de-institutionalization, getting kids out of institutions and into residential care facilities, half-way houses, and foster homes.

REINHARDT: But many communities don't want these places in their neighborhoods. "Put them somewhere else," they say.

MERROW: If everybody says that, the kids end up in terrible slums or back where they started, in institutions.

REINHARDT: A final point. We said 70,000 kids were in mental institutions. Well, there are lots more kids in other kinds of institutions, like state homes for neglected children, training schools for juvenile delinquents, detention homes, institutions for the retarded, and correctional institutions.

MERROW: How many kids are under some kind of government supervision, that is, not cared for by parents or parent-substitutes? Truth is, nobody seems to know for sure. The best estimate we can get from the Children's Defense Fund is 400,000.

REINHARDT: 400,000 children in institutions. That's a subject we'll be returning to on OPTIONS IN EDUCATION.

* * *

CHILD: "Dear Dad and Family: How are you all? I'm just fine. This girl gave me her stationery, and it even smells good. I'm on color yellow now. That means I can go out with the group. I'm having a lot of fun. Would you ask mom to send me a razor, cigarette lighter, long dresses, high heeled shoes, and stamps."

MERROW: The transcript of this special two-part series on children in mental institutions costs one dollar. The two cassettes are also available for ten dollars.

REINHARDT: Here's the address: National Public Radio -- Education, Washington, D.C. 20036.

MERROW: And our schedule is free for the asking.

REINHARDT: When you write, ask for programs 130 and 131, "Children in Mental Institutions."

CHILD: "Would you please send me a picture of mom and pop, you and Aunt Heather and Mandy, and Larry and Virginia. How's the weather there? Is is very hot and dry here, but it is very pretty."

REINHARDT: OPTIONS IN EDUCATION is a co-production of National Public Radio and the Institute for Educational Leadership of the George Washington University.

MERROW: Principal support for the series is provided by the National Institute of Education. Other funds from Carnegie Corporation of New York and the Corporation for Public Broadcasting.

CHILD: I'm going to ask for conditional red Wednesday. Marty says I have a chance of getting it. Conditional red means that I can go out for 15 to 30 minutes by myself on grounds. Did I tell you I went to school from nine to twelve, then from one to three? It's a lot of fun. How is everyone? Love, Sherry."

REINHARDT: OPTIONS IN EDUCATION is written and produced by John Merrow. The Assistant Producer is Natalie Iglitz. Production assistance by Lee Demsey. Technical assistance by Andy Rosenberg, Skip Pizzi, and Mark Hoffman. I'm Barbara Reinhardt. I'm John Merrow. And this is NPR, National Public Radio.